December 2017

ZONE MEDICAL
STAFF ASSOCIATIONS
OF ALBERTA

VITAL SIGNS

COMMUNICATING WITH PHYSICIANS IN ALBERTA

TRANSITIONS

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VITAL SIGNS

A CALGARY & AREA MEDICAL STAFF SOCIETY PUBLICATION

December 2017

CAMSS
CALGARY AND AREA MEDICAL STAFF SOCIETY

ADVOCATING
FOR PHYSICIANS,
CARING FOR PATIENTS

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SUBMISSIONS:
Vital Signs welcomes submissions (articles, notices, letters to the editors, announcements, photos, etc.) from physicians in Alberta. Please limit articles to 1000 words or less.

Please send any contributions to: Spindrift Design Studio Inc. Hellmut Regehr, hregehr@studiospindrift.com

Vital Signs reserves the right to edit article submissions and letters to the editor.

The deadline for article submissions for the next issue of Vital Signs is January 15, 2018.

CONTRIBUTORS:
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Save the Dates!

CAMSS

Council Meeting: December 13, 2017 | FMC Boardroom 152 – 5:30-8:30 pm
Council Meeting: January 10, 2018 | FMC Boardroom 152 – 5:30-7:30 pm
Council Meeting: February 7, 2018 | FMC Boardroom 152 – 5:30-7:30 pm
Council Meeting: March 7, 2018 | FMC Boardroom 152 – 5:30-7:30 pm
Zone Advisory Forum: April 11, 2018 | Meredith Block – Boardroom 347, 5:30 - 7:30 pm
Council Meeting: May 9, 2018 | FMC Boardroom 152 – 5:30-7:30 pm
Council Meeting: June 13, 2018 | FMC Boardroom 152 – 5:30-7:30 pm

CZMSA

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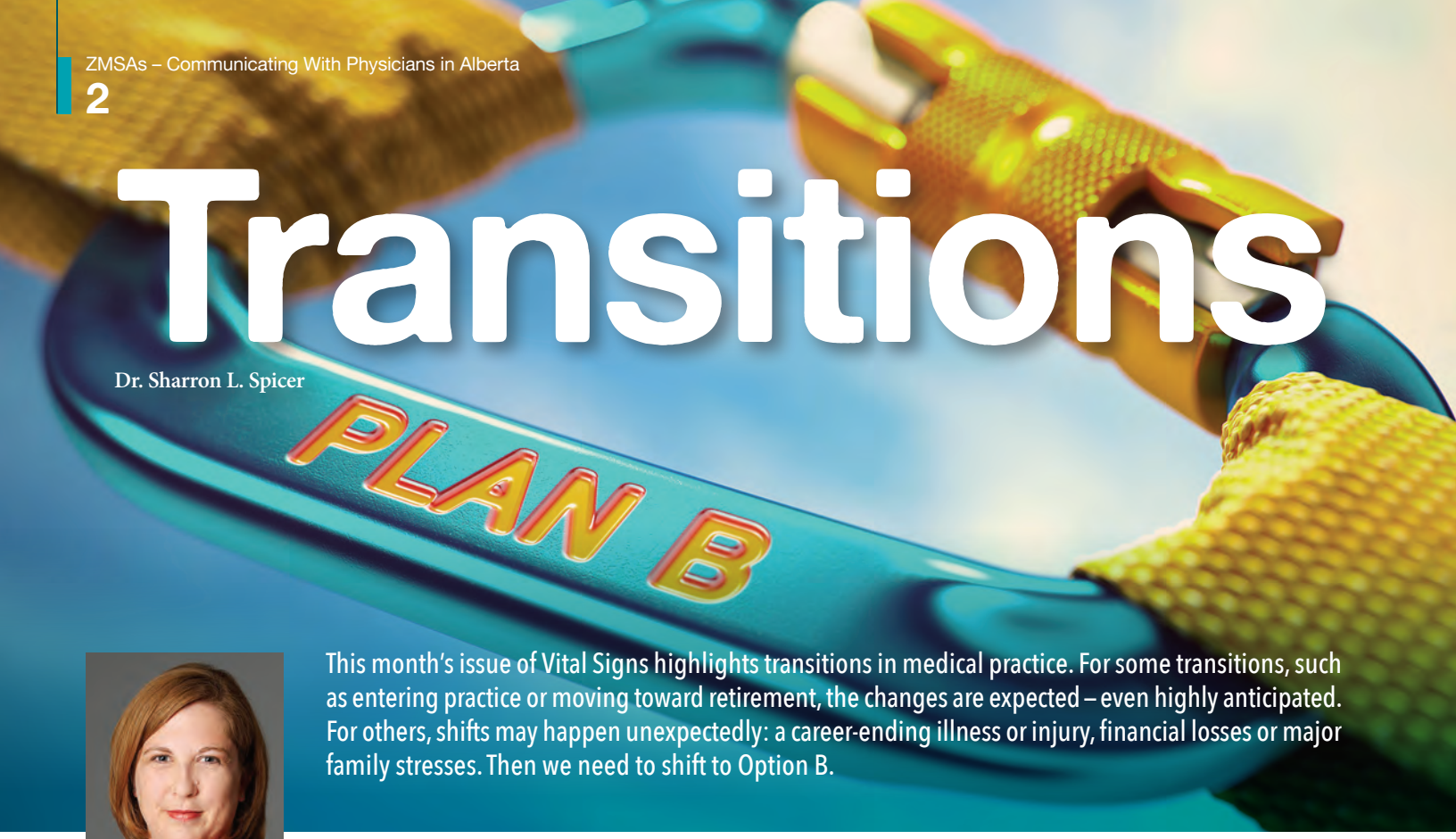
EZMSA

Council Meeting: May 19, 2018 | Misericordia 1N-106, 5:30-7:30 pm

Transitions

Dr. Sharron L. Spicer



Dr. Sharron L. Spicer

This month's issue of Vital Signs highlights transitions in medical practice. For some transitions, such as entering practice or moving toward retirement, the changes are expected – even highly anticipated. For others, shifts may happen unexpectedly: a career-ending illness or injury, financial losses or major family stresses. Then we need to shift to Option B.

In my editorial column of October 2017, I was inspired to use excerpts from Sheryl Sandberg's 2013 book *Lean In: Women, Work, and the Will to Lead* to encourage women in medical leadership. Sandberg, Chief Operating Officer of Facebook, had compiled many bits of research, personal anecdotes and inspirational speeches to pass along a collective wisdom to women — and men — in leadership roles. Those of you who know Sandberg's journey are aware that her story took an abrupt turn after the writing of her first book. Her husband, Dave Goldberg, died suddenly, leaving Sheryl unexpectedly a widow and single parent of two young children. While continuing to lead Facebook, Sandberg wrote a second book, *Option B: Facing Adversity, Building Resilience, and Finding Joy* (2017), co-written by her friend and psychologist Adam Grant. She describes her Option B this way:

> Hearing the despair in my voice, Adam flew back across the country to convince me that there was a bottom to this seemingly endless void. He wanted to tell me face-to-face that while grief was unavoidable, there were things I could do to lessen the anguish for myself and my children. Adam convinced me that while my grief would have to run its course, my beliefs and actions could shape how quickly I moved through the void and where I ended up.
>
> I don't know anyone who has been handed only roses. We all encounter hardships. Some we see coming; others take us by surprise. The question is: When these things happen, what do we do next?
>
> I thought resilience was the capacity to endure pain, so I asked Adam how I could figure out how much I had. He explained that our amount of resilience isn't fixed, so I should be asking instead how I could become resilient. Resilience is the strength and speed of our response to adversity – and we can build it. It isn't about having a backbone. It's about strengthening the muscles around our backbone.
>
> Just weeks after losing Dave, I was talking to [a friend] Phil about a father-child activity. We came up with a plan for someone to fill in for Dave. I cried to Phil, "But I want Dave." He put his arm around me and said, "Option A is not available. So let's just kick the shit out of Option B."
>
> Life is never perfect. We all live some form of Option B. This book is to help us all kick the shit out of it.

We all have our Option B's. So do our patients. In fact, most of our patients come to us in their Plan B moments. Nobody ever signed up for cancer, kidney failure or a motor vehicle accident. If nothing else, recognizing and living our Plan B's helps us to humbly and genuinely comfort those who suddenly find themselves on their own Plan B (or C or D).

Wherever you are on your journey — whether optimistically venturing on your Plan A or wearily embarking on yet another Plan B — take comfort from those around you and draw upon your sources of strength to kick it for all it's worth!

Sharron Spicer, MD, FRCPC
Pediatrician, Physician Lead for Safety and Chair of the Alberta Children's Hospital Quality Assurance Committee
Past President, Calgary and Area Medical Staff Society

REFERENCE

Sheryl Sandberg and Adam Grant, *Option B: Facing Adversity, Building Resilience, and Finding Joy* (New York: Alfred A. Knopf, 2017).

On Retirement


Dr. Peter Roy

Dr. Peter Roy

I used to be a general surgeon. Today, I am a surgical assistant, usually in orthopedics. It's great fun. I learn something nearly every day. I still get the "buzz" of a great case, without the annoying responsibility of postoperative care. There are positive social effects as well. I get lots of encouraging feedback, and I feel useful. I am 70 years old, and it's the best "job" I've ever had. Heck, they even give me money!

Variations of this scenario are being played out across the medical world, and indeed through all the professions. We are living longer, and we are healthier and more active than ever before. We want to continue to do something meaningful. It keeps us young.

This can have negative effects as well. Refusal to fully retire or even to slow down can block access to the workplace for younger doctors. In Canada, surgical specialties have trained too many doctors for the number of positions available, so these doctors must spin their wheels, doing more and more training while they look for a job; or else leave the country.

Retirement isn't what it used to be. It's not an event, but a process. We used to work for 40 or 45 years, and then one day just stop, go to our retirement dinner, collect our retirement gift, and fade away. No longer. These are the best years of our lives. We have accumulated wisdom, financial security, and freedom from the usual stresses of daily living. And we have time, lots of time. We can travel, indulge in philanthropy and volunteerism, take up educational and artistic pursuits, and enjoy our grandchildren. And, yes, we can continue to work.

The leading edge of the Baby Boom is turning 70, with significant demographic effects. According to the 2016 Census, there are now more Canadians over 65 than under 15. This inversion of the "population pyramid" is increasing rapidly. The age group with the largest percentage increase is people over 100! This is a nightmare for planners of health care spending and resource allocation. There are fewer members of the "Baby Bust" that followed the Boom, and they will have to support the Boomers as they age.

There are, of course, problems with advanced old age. More medical and nursing care is needed, often of a custodial nature. This places responsibility, and (often) a time and financial burden on relatives as well as the health care system. This can strain family relationships, particularly if there is a possibility of depletion of financial resources.

Two Things Run in My Family: Longevity and Medicine.

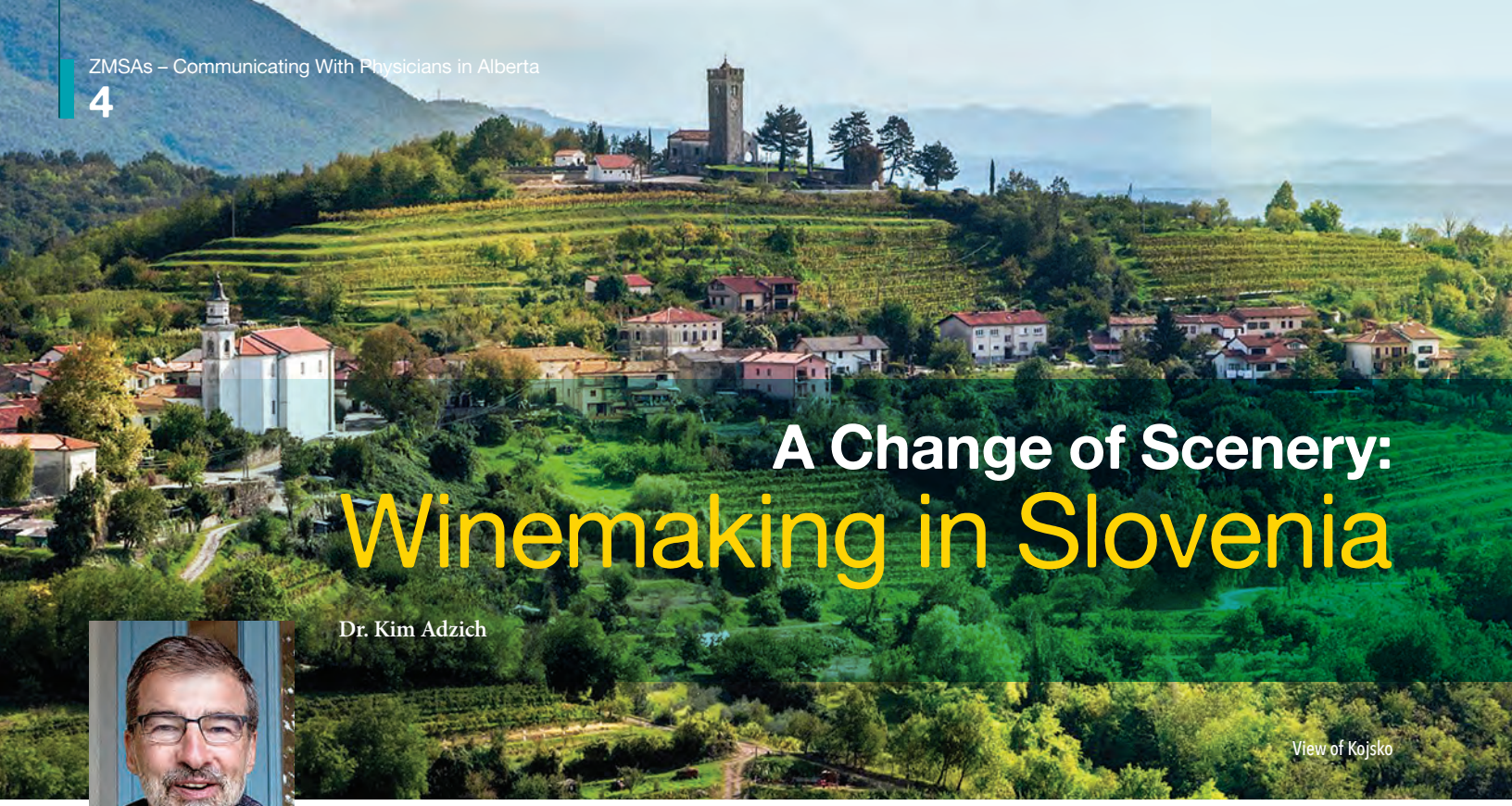
My father was one of four brothers, whose average age at death was 89. My mother, grandmother, and various aunts lived into their 90's. It's a bit of a family in-joke. When Uncle Wallie lay dying at age 91, his son Larry told Wallie that his brother Ken had just died (at age 88). Wallie just smiled and said … "I win". He died the next day. When my father lay dying at 91, he had a parade of visitors paying their respects. Dad indulged them with all sorts of intelligent conversation. Later, he winked at me and said, "I'm in danger… of survival!". He died that night.

My grandfather, father, and two uncles were doctors. Dad was a pediatric cardiologist who was forcibly retired from the Children's Hospital in Halifax due to his advanced age of 66. He didn't want to quit, so he opened an office specializing in the ongoing management of adult survivors of congenital heart disease. Then, at age 71, he co-wrote a CD interactive tutorial program on heart sounds which he had been collecting and recording during his career; and he peddled it locally and on the internet. (Sorry, it's out of production.) This kept him busy well into his 80's. Uncle Wallie was a radiologist in Toronto. When he was "retired", he got a job as a consultant with WCB of Ontario, which he continued to do into his 80's. Uncle Lex, a dermatologist in Regina, moved to Duncan, BC to be near his son Len, a GP there. He did a reduced office practice into his 70's. Six of my cousins are practicing doctors in various stages of retirement as well. The oldest, Larry, 71, a recently retired anesthetist at Sick Kids, runs simulated-situation anesthesia courses in the Middle East.

So, you can see that there are lots of retirement jobs out there, apart from simply slowing down. As physicians and surgeons, we are used to being busy. Slowing down is okay, but doing nothing for most of us is simply not an option. You just need to be a bit creative, and follow your heart.

Peter Roy, MD FRCSC
Red Deer, Alberta

…there are lots of retirement jobs out there, apart from simply slowing down. As physicians and surgeons, we are used to being busy. Slowing down is okay, but doing nothing for most of us is simply not an option.



A Change of Scenery: Winemaking in Slovenia

Dr. Kim Adzich

Dr. Kim Adzich

View of Kojsko

It's 6 AM. The gentle sound of church bells drift through my open window on the autumn air. Stone steeples in each hill town, perched above the valleys shrouded in the morning mist, call forth the new day with their distinctive ring — Kojsko, Biljana, Smartno, Kozana. I awake in the land of Goriska Brda, the magical hill country of southwestern Slovenia. It is a land of folding hills covered with vineyards and orchards and dotted with ancient villages — a land where "the Mediterranean and the Alps shake hands."[1] Feeling like an octogenarian as I swing my legs out of bed and take the first few steps, I "remember" the heavy physical labour of the day before, harvesting Merlot on the steeply terraced vineyards of Kmetija Stekar, the organic farm I will call "home" for the next few months. Down in the kitchen, I dig into a breakfast of eggs from our hens, prosciutto, fresh baked bread with homemade marmalade and espresso coffee and prepare for the new day. I love it here.

"You're going WHERE???" Almost without exception, as we said our emotional goodbyes in my final days after 23 years of general practice in Rimbey, a farming community in Central Zone, my patients joined enthusiastically in my unfolding adventure. "To Slovenia! I'll be working for room and board on an organic vineyard just across the border from Italy, harvesting grapes and making natural wine!" My grandfather was from the mountainous country of Montenegro, also part of the former Yugoslavia, so going to Slovenia was like returning to my roots. I had been to Slovenia before, but not to this area, described as "…the Eden of Brda, home of hardworking, diligent, inventive and honest people."[2] A perfect description! Over the coming months, what I came to appreciate the most were the people and their relationship with the land they have farmed for centuries. My hosts, Janko Stekar and family, are the tenth generation on this land, dating back to 1672! I loved the sense of family when cousins, friends, brothers and sisters, uncles and aunts, young and old came together to help with the grape harvest and then sit down around a long table to a feast of food, wine, and stories after the work was finished.

I was warmly embraced by the Stekars, working with Janko and Tamara in the fields and wine cellar by day, and eating with their family around the kitchen table every evening. We harvested grapes in September — Rebula, Chardonnay, Merlot, Malvaseja, Pinot Gris and Riesling — making natural wine with minimal intervention and traditional methods — the end result being a wine that reflects terroir, the "soul" of the land, and the inventiveness of the people who farm it. Every year the land gives something different, and their wine expresses the uniqueness of the grapes it produces. Janko humbly states that he is "a farmer who makes wine", but the label I attached to each bottle stated that he is the "artist". He is passionate about his wines, and I loved learning from him in the cellar and in the vineyard. Sometimes we would toast the end of a long day with a glass of yet-to-be-released wine down in the cellar. In October, when we weren't making wine, we harvested apples, plums, peaches, figs, kiwi fruit, olives and persimmon. Some of my fondest memories included watching the sunset over the valley as I harvested olives perched high up in the branches of a tree, or picking a ripe fig as I walked through the vineyards in the golden rays of the late afternoon sun. We gathered chestnuts in the woods, and later, roasted them under the stars over an open fire! I soaked in the beauty of this place, and the

Merlot harvested

Dr. Kim Adzich (Left) and Janko Stekar (Right)

wonder of this experience. The farm was almost self-sustaining, with their garden and orchards, chickens, a pig for salami and prosciutto, juices, preserves, and of course, wine. Kmetija Stekar, also a six-room B&B farmstay, catered dinners for up to twenty-five people, allowing me to hone new skills as sous chef, waiter, and dishwasher! I loved being a waiter. One night, as we were serving a large dinner party, my dismal grasp of the Slovenian language became apparent when asked a question by one of the guests. I returned to the kitchen and heard laughter in the dining room as Janko implored forgiveness for this poor waiter as he was "just a Canadian doctor"!

I loved my time in Slovenia. I loved the work and the people who welcomed me into their lives. I felt part of the land and closer to my grandfather. It was just what I needed to transition from years as a family doctor and take time to reflect on life. I live in the Niagara region of Ontario now, where I practice some palliative care, pursue wine studies, hone new skills in food photography, and participate in the ice wine grape harvest! This past fall, I collaborated with Savor the Experience, a tour company that runs small group food and wine tours to Slovenia and Croatia, introducing this amazing part of the world to friends from home. We spent several nights on the Stekar farm, even harvesting grapes one morning. I didn't realize how much I missed this place until we crossed the bridge over the Soca River. It felt like I was heading back to my "Brigadoon" and when we arrived at the farm I found myself almost running down the drive to embrace old friends. That evening, we opened a bottle of wine that I had helped make the year before, followed by several more, and we shared many stories and laughed. The following morning, I awoke early with the sound of the church bells from the hill towns and went down to the kitchen. Joined by the current cellar hand, we savoured left-over apple strudel from the night before and fresh espresso. "I had your job last fall", I said wistfully. He replied, "Yes, I know. You are a legend here!"

Kim Adzich, MD, CCFP (PC)
Kim Adzich, a family physician in Rimbey for twenty-three years, now resides in Niagara where he practices palliative care part-time, visits wineries, organizes food and wine tours to Slovenia, and hones his photography skills. Contact him at: kpadzich@gmail.com

REFERENCES

[1] Marjan Simcic, Slovenian winemaker

[2] F. Gergolet, J. Persolja and A. Rechberger Peca, "The Story of Brda".

Letters

Canada Shoots for the Moon

"Cannabis is Canada's moment to lead the world" declares Peter Shier in the November 17 edition of the Globe and Mail.

At last.

So far as lofty ideals go, one would be hard-pressed to conceive of a "higher" quest.

Canadian Prime Minister Justin Trudeau has gallantly plucked this moment, this single fragrant grain, from the giant hourglass of history to forever define the "leadership" of our magnificent nation.

Move over Mahatma Ghandi. Make room, Nelson Mandela. Shuffle to the left, Winston Churchill. Hark, John F. Kennedy, as Mr. Trudeau prepares to join the storied Pantheon of the Greatest Leaders of All Time.

Take a minute or two, dear reader, to revisit President Kennedy's famous moonshot speech; and then, for equal but home-grown modern-day inspiration, modify it thusly:

"But why, some say, marijuana? Why choose this as our goal? And they may well ask, why climb the highest mountain? Why, 90 years ago, fly the Atlantic? Why does Calgary play Edmonton?

We choose to get high! We choose to legalize marijuana in this decade, not because it is easy, but because it is hard; because that goal will serve to pacify and to sedate our youth, to renovate their minds, to restrain the best of their energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one we intend to win!"

This is Canada's moonshot, as we boldly go where only Uruguay has gone before, in a grand push to normalize marijuana use for all our people. And make no mistake, normalizing pot use is precisely what we are doing, using a Trojan horse of legalization (for adults only!) to make it so.

The Canadian Medical Association, the Canadian Psychiatric Society, and the Canadian Pediatric Society, after jointly and limply ceding the legalization ground to our government as a fait accompli, have been reduced to plaintively offering modifications to the Liberal's madcap scheme, advisements generally and casually ignored in the sprint to profits.

As for Mr. Shier, his exuberance is understandable — as president of noted advertising agency Naked Creative Consultancy, he is set to feast on a rich banquet of opportunity. "As wine is to France and whisky is to Scotland, let cannabis be to Canada,", he writes, positively salivating over the branding prospects offered up by Island Sweet Skunk, God Bud, Mountain Jam, Timewarp and their aromatic relatives.

Why our government does not instead simply decriminalize marijuana (along with all other drugs of abuse), to avoid normalizing its use and to avoid saddling our youth with criminal penalties for mere pot possession, remains a mystery to me and to most of my colleagues. But we are merely medical men and women: it is surely hubris on my part to expect that our opinions regarding the many and proven dangers of marijuana use be taken with seriousness.

Perhaps best to leave these weighty things for future historians to debate.

Meanwhile, in the interests of sturdily and prominently planting this weedy moment in the vast field of history, so that it may achieve the height and majesty it deserves, and thus be gazed upon with unrivaled awe and admiration from many generations hence, I turn for inspiration to one of my stoner friends. Although too afflicted by pot-induced laziness to be overly original, he offers this pearl of euphoric wisdom:

"One small toke for man, one giant doobie for mankind."

Indeed.

But allow me a final small observation. The most transcendent of pot-induced highs will not release us from this inescapable fact: so long as we are confined by the gravitational laws of this planet, what goes up must most assuredly come down.

And I, for one, predict a very hard landing for the Canadian people, and especially for our youth.

Sincerely,

Jacob Edward Les, MD
Emergency Physician at Alberta Children's Hospital
Calgary, Alberta

Collaborative Care

I practice psychiatry in a remote part of this province in east central Alberta. I'd like to improve the mental health service in this area by implementing an integrated care model. This is a well researched model widely used in the US, which compared to treatment as usual, reduces the rate of depression by 50% at a reduced cost.

This care model consists of a team of family doctors, behavior health consultants and a consulting psychiatrist who operate out of the family physician's office. If there are any physicians who are interested in learning more about this model, please contact me at jgainer@ualberta.ca

Jane Gainer, MD FRCPC
Psychiatrist
Hanna, Alberta

The Other Side – Paying Our Fair Share

Isn't it ironic that the only way we can get large numbers of physicians to collaborate on a large scale is when their income is threatened? If only we could get this sort of reaction for patient care! Where were these physicians when we needed them for refugee health, marginalized populations and service in remote and under-resourced areas?

What a privilege it is to work as a physician. The opportunity to listen and support our fellowman/woman, be a lifelong learner, engage in research, educate health care providers and families, and make a positive impact on individuals and society, if we so choose. We are afforded a tremendous amount of respect and credibility, whether we have earned it or not, and are remunerated well for our contributions.

It is my understanding that a full time emergency physician in Calgary makes approximately $325,000 per year. That is a tremendous amount of money, definitely out of the reach of most of society and an income that a family could easily live on and plan for retirement without a professional corporation. I am also aware that many other medical specialties make significantly more money, but will not disclose what their income is. There does not appear to be a correlation with income earned and competence, expertise, accountability and contribution to societal health. There are also a number of professions who have similar educational commitments as physicians, and they do not make anywhere near what physicians make.

What concerns me more is that it appears that the motivation for many in our profession appears to be more about money than what many of us signed up for. There seems to be a disconnect with the common man and many physicians seem to be living in a world that is far removed from the society they serve. It also appears that those making the most money are making the most noise. The sense of entitlement is quite overt and when you listen to the thoughts of other health care providers and laypeople, they do not have any sympathy for physicians complaining from their lakeside and mountainside retreats. It seems that private education, multiple exotic holidays, two or three residences and live-in caregivers is the standard fare, but not the life of most farmers and small business owners we are trying to equate with.

We have been entrusted with this honourable profession; it is an honour to be a part of it and I hope we can sustain it. I would hope that our focus and energy will continue to be on the need for enhanced patient care, not on the need for enhanced income sprinkling.

Sincerely,
Dr. Ian Wishart
Emergency Physician
Calgary, Alberta

INTERNET GAMING: Disorder or Distraction?

Dr. Aimee Phillpot

A new trend is developing in my family practice office. Frustrated parents are presenting with their young adult children to "find a diagnosis". Invariably, a high school diploma has been earned after time and effort on both the student's and parents' parts. Following the graduation excitement, the parents notice a lack of motivation and will on the parts of the children to move on with their lives. These kids are living at home without a source of income. They are not pursuing further education or choosing to apply for jobs. Parents are unsure what could be wrong with their kids, but Google suggests diagnoses of anxiety or depression. These kids are content with their lives in their parents' care. There is no discernible mood disturbance and they are happily spending hours a day playing online video games.

These kids do not meet the criteria for depression or anxiety. The observed behaviours are more likely to fall in the realm of an addiction. In fact, if other excessive behaviours were substituted into the scenario, parents would be sure to take notice and realize there was a problem. Exercising eight hours a day? Smoking pot in the basement 8 hours a day? Playing a Video Lottery Terminal (VLT) over many hours? Parents would not question that there was a problem. Kids playing internet video games all day? A culturally appropriate, tolerated and even condoned activity. Why this disconnect? Why can't we recognize the pattern of behaviour for what it is: an addictive behaviour that distracts from the realities of adulthood.

DSM-V has not included Internet Gaming Disorder as a diagnosis. It has been proposed as a condition that warrants further study. As with the softening of the American Academy of Pediatrics (AAP) guidelines around screen time in 2016, there may be a "reality check" where the good of the child or adolescent is balanced against what is realistic in society. Unfortunately, what is the norm in our children's lives may not represent what is best for them. Supporters of formalizing the diagnosis cite that increased psychological supports and treatments may be accessed by families with affected children. Detractors remind us that excesses of anything can become a disorder and it may not be the DSM's role to itemize each behaviour as a separate diagnosis.

– continued on page 8

– continued from page 7

Disorder or distraction, what are the societal implications for Video Gaming? Dr. Leonard Sax, a family physician turned author, identified video gaming as a factor that had negative influence on the developing brain in his 2007 book Boys Adrift. The five factors driving the epidemic of unmotivated boys and underachieving young men. He postulates that video games are taking the place of meaningful relationships with family members, friends or members of the opposite sex. He further touches on this topic in his 2016 book The Collapse of Parenting when he proposes that our culture has confused pleasure with happiness. In our quest to make our children happy, we are offering them opportunities that increase pleasure such as video games. Relationship building activities in families are being traded for online time. Unfortunately, the pleasure is short lived and the contribution to long lasting happiness not guaranteed.

I frequently discuss our amazing brains with the families in my practice. When there are unresolved emotional impulses, the brain finds "work arounds" to soothe unpleasant feelings.

On the path to adulthood there is the need to gain skills in self soothing. Self-soothing allows one to be comfortable in one's own skin. Without self-soothing, anxiety flares. Positive self-talk, including a positive view of self, are skills that the adolescent gains as he or she moves towards adulthood. When these skills have not been practiced and developed the brain finds a "work around" with negative self-soothing habits. These habits still the anxiety and offer short lived relief from the uncomfortable feelings of sadness, shame or fear that our society already discourages. Self-soothing through negative and harmful habits detracts from personal growth: alcoholism, prescription and non-prescription drug use, self-harm and compulsive video gaming are examples of maladaptive traits. It is true that among the list of traits listed above video gaming may be the least overtly harmful. I also accept that we live in an era of harm reduction. Nevertheless, instruction in self soothing or helping our children with forms of emotion coaching would give our kids the best chance for emotional maturation.

As with many psychiatric problems, there is a fine line between traits and a disorder. When the line is crossed and the behaviours interfere with occupational, social or academic functioning, a disorder is confirmed. What is unique about the young people affected by the excesses of online video gaming is that they generally do not feel distressed. They are satisfied. It is the parents who are not.

This brings me back to my patients looking for a diagnosis for their young high school graduate. Perhaps what is missing is not a diagnosis, but the acceptance that, as parents, our role is to guide our children to maturity. A diploma does not equate to maturity in 2017. These kids do not necessarily need diagnoses; however, they need to be helped to mature so that they may develop to their potential. It is our role as parents to guide them and part of that is offering the environment and the encouragement that allows maturity to occur. This is where books such as Glow Kids by Nicholas Kardaras Ph.D, Hold on to your Kids by Dr. Gordon Neufeld and Gabor Mate M.D., and finally The Collapse of Parenting by Leonard Sax M.D., offer insight and practical guidance for moving past the negative distractions to get on with the job of guiding our children to maturity.

As the psychiatric community grapples with the decision of whether Online Gaming Disorder will be included in the next iteration of the DSM, I continue to see parents and kids in my office. Today a mother was in tears as she described calling the RCMP when her son smashed down a wall to get to the gaming console. In the end, I wonder if it really matters whether internet gaming is granted the status of a full disorder. It is undoubtedly a symptom of a greater societal problem. What matters is that this excessive behaviour is keeping many of our smart and creative young people from reaching their potentials. As a medical practitioner, I will encourage parents to ask for help in this area. Ultimately they will need to have the courage to specify limits around internet gaming and perhaps, even more broadly, screen time in general.

Aimee Phillpot, MD CCFP
Piper Creek Medical Clinic
Red Deer, Alberta

AMA Medal for Distinguished Service

Dr. Nairne W. Scott-Douglas is one of the 2017 Recipients of the AMA Medal for Distinguished Service, awarded to physicians who have made outstanding personal contribution to the medical profession and to the people of Alberta. For more information about this award and Dr. Scott-Douglas please visit: https://www.albertadoctors.org/about/awards/achievement

Below is an excerpt from his moving and thoughtful acceptance speech, with permission:

"We humans are still very tribal people; all of us. It is innate to who we are as humans. I am a mixture of tribes and communities, and even clans. This makes for a situation of natural prejudice of US versus THEM; something we must continually be aware of and fight against.

My role for the past 20 years has been to bring together extremely high functioning teams of patients, educators, clinicians and researchers; to facilitate communication, planning and implementing between them. I am very fortunate to be recognized as having contributed distinguished service to Albertans. I ride on the backs of giants. For them there is no US or THEM… only patients' suffering. And these giants will tell you, it is through the input of the patients and their families, nurses and allied health professionals that make the projects that we work on succeed. I am humbled to represent them."

Makes me feel

(Comments from YRC members, Mee-Yah-Noh School, Edmonton)

… "healthier and happier." (grade 4)
… "more less stressed." (grade 6)
… "welcome and needed." (grade 6)

Favorite thing

(Comments from YRC members, Mee-Yah-Noh School, Edmonton)

"I feel that running club is my family." (grade 6)
My favorite part of run club is "running with my friends." (grade 6)
My least favorite part is "that it's only once a week." (grade 6)

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AMA Youth Run Club supports physician health advocacy in schools

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The AMA is proud to partner with Ever Active Schools on the AMA Youth Run Club, a school-based program that through organized activities (running, walking, hiking, snowshoeing and more) and *School Health Advocacy Talks* helps children and youth develop lifelong, healthy habits.

How can you get involved with the AMA Youth Run Club?

Be an AMA YRC CHAMPion! Run with or help coach a club, help school staff set up and manage a YRC, or give a *School Health Advocacy Talk* (talking points for seven suggested topics are available on *albertadoctors.org/YRC*).

For more information, contact: Vanda Killeen, AMA Public Affairs
vanda.killeen@albertadoctors.org / 780.482.0675

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Another Take on Retirement Planning

Dr. Joel Fox

Dr. Joel Fox

I used to think that retirement planning centered around financial planning and that was, for the most part, all you needed to plan for. Somehow, deciding what I would do during my retirement would fit into place on its own, so why would I worry about it now? I was far too busy as a newly minted grad to start to think about an event that was going to happen about 35 years later in life. Right?? As it turned out, I had just begun my journey to that 'next stage' in life, I just did not realize it yet.

My first inkling that I had more to learn came from the first retirement party that I attended. At the time, I was working in a smaller community hospital with a tight knit group of people working in the operating room. We shared stories about our children, home renovation disasters, holiday plans and wedding pictures. When it came time for someone to retire, there was an invitation sent out to staff to attend and your attendance was expected. There were funny skits performed and funny stories told by staff, but the real highlight was the speech given by the retiree. The lessons learned from a whole career spilled out across the crowd and we soaked it all up. It was truly amazing. I knew this person well and I trusted that what they were telling me was the best distillation of knowledge that they could provide. I was hooked. For the next ten years while I worked in that community, I never missed a retirement party.

The pride and joy: SV Celestina (Pacific Seacraft 44) in Prideaux Haven, Desolation Sound, BC

What did I learn? From the fellow whose illness cut his career short — although his career had been very fulfilling, it was his family who helped him through life's crises. You should take time to maintain your relationships with family and friends. From the charge nurse at the front desk — humour was often the best method of diffusing squabbles and taking those arguments personally was never worthwhile. Many provided a list of what they planned to do with their retirement years. Some were travelling, some were moving to their cottages and some were staying put with plans to spend time with family. We would sit at our tables and joke about whether or not that plan resonated with you…or not.

> The lessons learned from a whole career spilled out across the crowd and we soaked it all up.

I could go on, but you get the picture. Life lessons given to you from those you trust can have a profound impact on your life and how you choose to live it. Apart from learning life lessons, those dinners allowed our medical community to honor and thank those who had served for so many years. I learned that it was important to show respect to staff as they headed out the door to their retirement years.

In the past two years, the Foothills Medical Staff Association has resurrected a form of the retirement dinner experience. The *Service Recognition Award* was created and departments could nominate members for the award. In 2016, we accepted 16 staff nominations and in 2017 we accepted 8 nominations. We held the event in the Doc's Lounge at the end of the work day so that as many as possible could attend. The turnout has been great, but we would love to see an even greater turnout. I would encourage you to come to the next event even if you have never met any of the staff receiving the awards. Remember — the lessons learned can be life altering.

Retirement dinners might have changed how I lived my life, but I still needed to come up with a plan of what I was going to do when I retired. The penny finally dropped one day when I was looking over the shoulder of a physician showing me pictures of his boat. When I asked him about this as a retirement plan, he coughed, choked and then promptly told me that I had better get started now. I should not wait until I retired to look at picking up this hobby. He explained that it would take years to acquire the skills and knowledge to take this hobby on and I would need to complete all of that ground work before I retired and headed off into the sun. I was stunned by that news. I had finally realized that I needed to make some serious decisions and now.

Whether it is boating, golfing, moving to cottage or travelling I would encourage you to try some of it out BEFORE you retire and plow straight on to that new life. Some earlier trials might prevent you making costly mistakes — costly both in money and time. It sounds like common sense, but we are all far too busy to take heed of common sense.

I would like to leave you with a few comments from the 2017 Service Recognition Award winners. We asked them to give us some advice for new graduates.

"Find your passion and follow it. It will sustain you.

Ask for what you need. What is the worst that can happen?"

– Karen Valentine

"Ignore politics both inside and outside the hospital and focus on providing excellent patient care."

– Stephen Field

"Savor every moment of the privilege you have been given to care for your fellow human being and remember that this privilege calls on you to be at your best when your patient is often feeling at their worst."

– Paul Boiteau

Look to our website for the entire list of responses from all eight recipients. http://albertazmsa.com/service-recognition-awards-2017

Joel Fox, MD, FRCP
Deputy Chair, Dept of Anesthesia Past President, FMC Medical Staff Association, Clinical Associate Professor, Department of Anesthesia, University of Calgary, AHS – Calgary


Dr. Borys Hoshowsky

What am I going to do?

The closer I reach my retirement age and looking forward to enjoying my years ahead, the more I am getting asked "What are you going to do?" Wondering why I keep getting asked this question I decided to put my thoughts to paper.

Most of us surgeons start out in Residency with intense training. In my case 1 in 2 Call for 5 years at the University of Toronto, 1 in 1 Call for 2 months at UCLA and then for the remaining 10 months 1 in 2 Call. Simple math dictates that during 6 years (2,190 days) I spent 1,110 days or 26,640 hours on being On Call during Residency.

So now let's move on to being staff in the Calgary Region; when I started, the Call was approximately 1 in 3 for 10 years (1,216 days), subsequently 1 in 4 (1,365 days) for 15 years. I've added up the numbers, totaling almost 89,000 hours (10 years) being On Call, and for the picky readers let's say 9 years or roughly the amount spent with the first spouse. I have not included any vacation time which varied.

Having spent this much time On Call as a surgeon working, it dawned on me that yes I guess some of my colleagues are right, *I will not know what to do!*

Borys Hoshowsky, MD, FRCSc
Past President RGH MSA

Global Medicine... In Canada

Dr. Stacy Yeh

Dr. Stacy Yeh

"The idea that some lives matter less is the root of all that is wrong with the world." – Paul Farmer

My interest in global health may not have flourished had my family not moved from a middle class neighbourhood in Ontario to China when I was 8 years old, just as the country was beginning its economic rise and when bicycles still outnumbered cars. It was at this early age that I began to understand the startling depth of poverty and disparities in health. I was again reminded of this when I travelled to Ethiopia when I was 19 years old, to research vaginal fistulae at the Addis Ababa Fistula Hospital. These experiences made me grateful and proud to be a citizen of Canada, a country that I believed had quelled the abject poverty pervasive in developing countries, provided comprehensive healthcare to all citizens, and championed social justice for those less fortunate. This however, is far from the truth in some hidden corners of our country.

In August 2017, I was granted an exciting opportunity during my pediatric training to work in Iqaluit, Nunavut for a month. Nunavut is Canada's newest, largest, and northernmost territory with a population of over 37,000, 85% of whom identify as Inuit. There are no roads connecting Nunavut to other parts of Canada, nor between any of the 25 eastern Arctic communities, thus travel is by air, boat, snow machine, or dog team. The Qikiqtani Regional Hospital is a 35-bed acute care facility, located in Iqaluit, 2,000 kilometers from the receiving tertiary care centre, the Children's Hospital of Eastern Ontario in Ottawa. The hospital serves the surrounding communities within the Baffin region of Nunavut and receives patients as far as 1500 kilometers away. A jet and a fleet of planes transport patients to and from the hospital daily.

My time in Iqaluit was short. I only scratched the surface of the intricacies and nuances of Inuit culture and practices, which are in many ways, completely distinct from the rest of Canada. My conversations with patients became more fruitful when I realized that the raising of the eyebrows signified 'yes'. What I admire most and stand to learn from the Inuit is how deeply they cherish their culture, their land, and how fiercely they guard it. Once they warm up to you, they are remarkably warm and light-hearted. The Inuit are very generous people – from neighbours sharing their seal to strangers offering the fish that they had caught. Parents would not hesitate to hug me in a warm embrace to show appreciation for helping their child

One day, I met a young 5-year-old girl in the pediatric clinic who had been sexually assaulted by a relative. Her mom was heartbroken as she talked about completing counseling recently to deal with her own childhood abuse. She was adamant that she and her daughter would go on a "healing journey" together. Sadly, stories like these are all too common. Speaking with families, I heard countless stories of murder, brutal suicides, alcoholism, and abuse. The intergenerational trauma from residential schools and tuberculosis (TB) sanatoriums is not just a distant memory among Inuit people. The emotional, physical, and sexual abuse that occurred in residential schools and generations of systematic cultural genocide have had far-reaching effects. While residential schools were closed by 1996, the trauma is no longer directly occurring at the hands of our government, but years of refusing to acknowledge this sad chapter in Canadian history has only led to high rates of addiction, violence, suicide, and abuse.

What I saw in my month working in Iqaluit reflects the dire statistics that we as a society have become numb to. The territory is leading the country in adverse early child health outcomes such as infant mortality, rates of birth defects, prematurity and low birth weight. Infants in Nunavut have the highest reported rates of hospitalization for lower respiratory tract infections in the world. The incidence of TB in Nunavut is 26 times higher than the Canadian rate, and 50 times higher among Inuit compared to the general Canadian population. These numbers reflect the appalling state of social determinants of health in Nunavut and speak to issues such as food insecurity, substandard housing, household crowding, unemployment, and poor high school completion rates.

It is difficult to fathom that these problems exist in a country as wealthy as Canada. Ours is seen around the world as a beacon of progress and hope, and more recently, as a safe haven for tens of thousands of refugees. In an increasingly hostile world, we as Canadians proudly tout our belief in social equality, cultural diversity, and the right of every citizen to the basic necessities to realize their potential. And yet, we have done too little to address the plight of the people of Nunavut. We can stand idly by and watch these communities continue to crumble, or we can acknowledge the reality described in the pages of the Truth and Reconciliation Commission reports, and work together with the Inuit and other Indigenous groups to improve their long-term health and quality of life.

As I prepare to complete my residency training and start my career in the coming months, I revisited my medical school application to remind myself of my original goals. Global health has been a passion since high school, and had been a driving force in choosing pediatrics as a specialty. As such, I always assumed that moving abroad would be necessary to accomplish my professional goals. However, as I learned in Nunavut, the problems I hope to tackle exist in this very country. My time there stirred up feelings that led me to doggedly pursue medicine in the first place. For this reason, I plan to return to Iqaluit next year as a pediatrician and hope to make a difference in their communities. For any health care provider who is contemplating working up north, I believe the medicine is fascinating and the need is great, as are the rewards.

Stacy Yeh, MD
Pediatrics PGY4, University of Calgary

Qikiqtani Regional Hospital

Iqaluit, Nunavut

RENEW YOUR ZMSA MEMBERSHIP!

It's that time of year again… time to renew your ZMSA membership!

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Get accurate information as ZMSA executive are in direct contact with AHS and AMA on a regular basis

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- Provide direct input and feedback on healthcare issues;
- Build professional relationships outside your own circle of influence;
- Dialogue about and examine healthcare issues in frank and constructive ways;
- Participate in educational and engaging training workshops;
- Receive a subscription to Vital Signs.

The ZMSA annual membership process is conducted through the AMA. By now you will have received an email from AMA Membership Services providing you with a link to complete your renewal. If there is no email address on file for you, the membership form is sent by mail. If you wish to switch to online renewal please contact the ZMSA Admin Office at zmsaadmin@albertadoctors.org to provide your email address.

Your zone membership options will default to what you selected last year, if applicable. You can make changes as you wish.

Have questions?

Please feel free to contact the ZMSA office at zmsaadmin@albertadoctors.org. You can also find step-by-step instructions with screen shots on our website: www.albertazmsa.com

The Gift that Makes a Difference

Dr. Randy Naiker, President EZMSA

Since the Edmonton Academy of Medicine was founded in 1902 the society has taken on various titles to fit the needs.

The objectives of the society were redefined in the 1975 Constitution as existing "to promote the art and science of medicine, to facilitate the fraternal aspects of our profession and to act as the district medical society for the Alberta Medical Association."

Today the Edmonton Zone Medical Staff Association (EZMSA) continues to support these objectives and the legacy started with the Academy.

The E.L.Pope Award is granted annually to a graduating student for outstanding merit in medicine provided that the average of the course in Medicine is 3.3 or more. Recipients are nominated by the Faculty of Medicine and Dentistry.

The Edmonton Zone values and recognizes the importance of educational goals and to date the EZMSA has generously donated $143,101.00 towards this award with hopes that this contribution will continue to:

- Leave a legacy for future generations
- Create opportunities for students to pursue their dreams.
- Help to achieve the extraordinary through research and exploration

The Faculty of Medicine & Dentistry is creating a new Donor Recognition Wall, which will be prominently featured in the Walter C. Mackenzie Health Science Centre in 2018. The EZMSA will be added to this wall of recognition.

40 Under 40

We would like to congratulate the young doctors featured in Avenue Magazine's 2017 Top 40 Under 40 in Edmonton and Calgary. They include Dr. Shauna Burkholder, Dr. Geoffrey Gotto, Dr. Glen Hazlewood, Dr. Daniel Niven, Dr. Fiona Schulte, Dr. Amy Tan and Dr. Carla Prada.

Read their stories at:

http://www.avenueedmonton.com/City-Life/Top-40-Under-40/index.php?cp=2&si=21

http://www.avenuecalgary.com/City-Life/Top-40-Under-40/2017/

2017 CAMSS Advocacy Award Winner

At the CAMSS Annual General Meeting on Nov. 8, CAMSS Past-President Dr. Sharron Spicer presented the annual CAMSS Advocacy Award to Dr. Arlie Fawcett.

In the words of Dr. Steve Patterson, the physician who nominated Dr. Fawcett, "Dr. Fawcett has advocated strongly for mental health patients at the local, regional and provincial levels. This statement does not adequately convey the many hours of meetings within the hospital, at the Zone Medical Administrative Committee and at the AMA Representative Forum trying to increase both the awareness and resources available for these patients. She has also presented at the regional level on safety for patients and physicians within the hospital. Dr. Fawcett has also advocated for residents and new physicians at many levels, trying to ensure that motivated and energetic doctors have the resources to provide healthcare for all Albertans. Dr. Fawcett has motivated and inspired many physicians, myself included to be better physicians and better people."

Dr. Sharron Spicer (L), Dr. Arlie Fawcett and Dr. Steve Patterson

Dr. Sharron Spicer (L) and Dr. Arlie Fawcett

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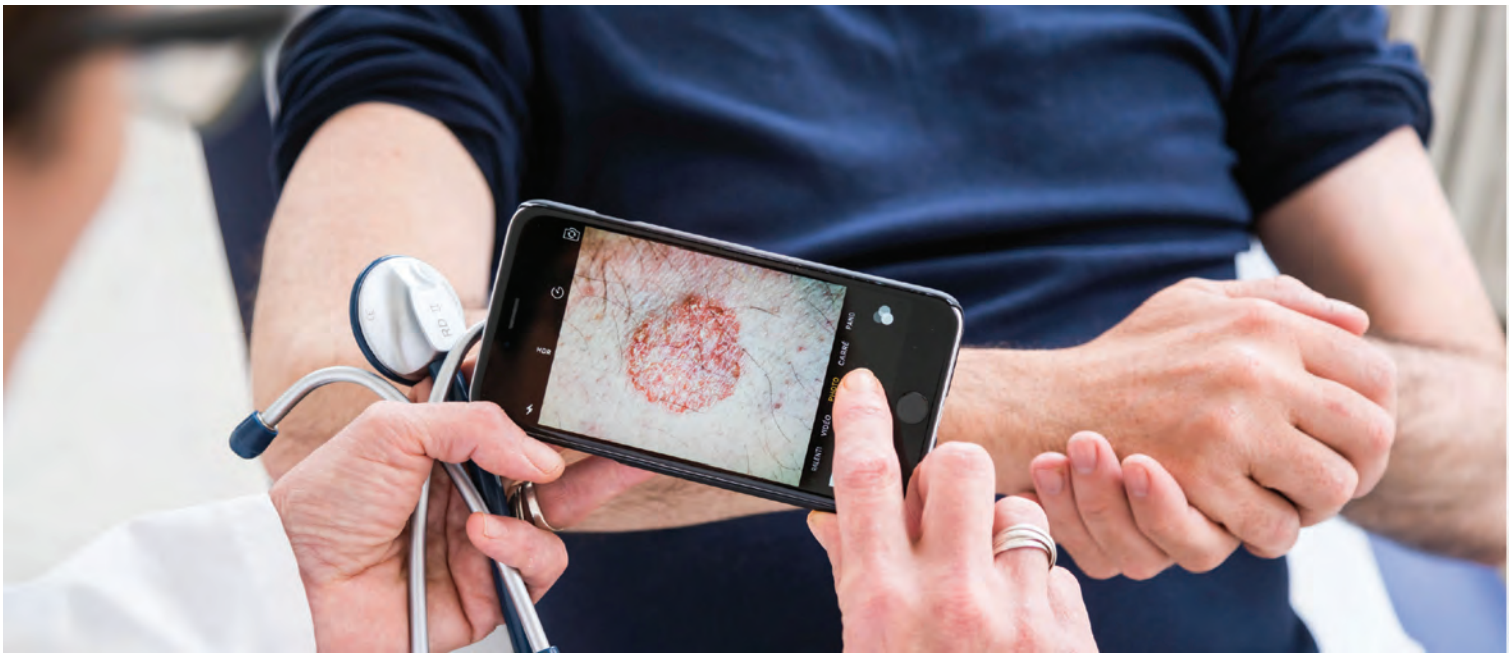

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